

## Palliative Care ITP post

### GP Curriculum statements – 3.09

#### End-of-life Care

#### Learning Outcomes that could be delivered in ITP Post

Demonstrate Knowledge of the

- Epidemiology of major cancers along with, risk factors and unhealthy behaviours
- Principles and design of primary and secondary screening programmes
- Referral guidelines and protocols, both local and national
- Principles of palliative care and how it applies to non-cancer illnesses such as cardiovascular, neurological, respiratory and infectious diseases.

Demonstrate the ability to

- Attend to the full range of physical, social and spiritual needs of the patient and carer(s)
- Communicate effectively with the patient and carer(s) regarding difficult information about the disease, its treatment or its prognosis
- Provide and manage 24 hour continuity of care through various clinical systems

Demonstrate the knowledge of the

- Ability to suspect a cancer diagnosis early in the disease process
- Signs and symptoms of the early presentation of cancer
- Appropriate investigations of patients with cancer and of how they fit in with national guidelines
- Knowledge of the social benefits and services available to patients and carer(s)
- Understand the current population trends in the prevalence of risk factors and cancer in the community
- Importance of the social and psychological impact of cancer on the patient's family, friends, dependents and employers
- Importance of the normal and abnormal grieving and its impact upon symptomatology
- The ability to offer spiritual care for the patient and carer(s)

Demonstrate the knowledge on

- The ability to manage pain
- About a syringe driver
- Suitable drugs for pain management
- Conversion of drugs from oral dosage to syringe drive, either, IV or subcutaneous

Demonstrate the knowledge of various palliative care emergencies and their appropriate management:

- Major haemorrhage
- Hypercalcaemia
- Superior Vena Caval obstruction
- Spinal cord compression
- Bone fractures
- Anxiety/panic
- Use of emergency drugs
- Key health service policy documents that influence healthcare provision for cancer and palliative care.
- And recognise how geographical factors influence the prevalence and treatment of cancers.
- Knowledge of ethical dimensions of treatment and investigation choices, palliative and terminal care, and advanced directives
- Ethical principles and how they apply to cancer care and control
- Their own personal attitudes and experiences which can affect their attitude towards patients with cancer or who are dying
- Define and apply evidence-based care in patients with cancer
- Ability to learn from the clinical experience
- Seek knowledge of cancer treatment trials and how to inform patients about their participation

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-09-End-Of-Life-Care.ashx>

### What to expect

- Based at Thorpe Hall Hospice in Peterborough (usually Monday and Thursday)
- Holistic approach
- Focus on symptom control and management - you become familiar with constipation, sickness, SOB, pain, sleep
- Strong focus on psychosocial/family issues
- Post includes – discussions around end of life, DNAR orders, prognosis, learning to prioritise investigations, learning what to do after a patient dies

## TIPS

- You will get 3 days in the community – one at the day centre, out with the Macmillan team on home visits and in Peterborough hospital with the Macmillan team seeing in-patients
- Attend the Robert Hurrell day centre – hypnosis session and various therapies offered
- Do home visits with Macmillan nursing team – understand what can be put in place at home when patients are deteriorating and hospital admission is not wanted or appropriate
- DNAR discussions – get good at this, important to talk to relatives too but check how much the patient wants them to know
- Be aware that it is often difficult to determine an accurate prognosis and estimate time of death, we are frequently over hopeful,
- Spend time with the Bereavement nurse
- Learn what to do when you are looking after a palliative patient – before and after death (includes learning about death certification process)
- Dr Bell is an excellent teacher. The rest of the medical team are also very keen to discuss cases and teach. You will have the opportunity to discuss the new patients you clerk in and can use these as CBDs. Dr Bell will get feedback about you during the placement and will discuss this at your end of placement meeting
- Continuity can be a problem as you are only there 2 days a week and miss out on seeing how the patient responds to interventions
- Don't forget to order lunch at the main reception desk in the mornings. £3.00 for main meal and 50p for pudding. There is also a café on site which do sandwiches and soup.
- Note that you do not get travel expenses – you could try to challenge this
- Get a copy (or two) of the Thorpe Hall Handbook – essential stuff to keep throughout your career
- Attend the 2 days palliative care course that they run every term – essential, very well taught
- Understand opiate conversions and calculating appropriate breakthrough doses – ask registrar to do a conversion diagram and keep it forever
- Download the Pallicalc app on iPhone (69p)
- Drug charts: Ask Dr Bell how drug charts should be written, if she has not already gone through this with you.
- Avoid the lift (it is unreliable!)
- Just to make you aware, your role is not seen as an independent Dr and all your actions are reviewed – but this is normal for the hospice!
- Book your annual leave early
- Know your learning needs before you start the rotation as Dr Bell is excellent at helping you with these and your PDPs
- Try and admit new patients and discuss plan with Registrars
- Attend consultant led Ward Round if you can – you learn a lot
- Attend Journal Clubs